

**REPORT TO THE LEGISLATURE**  
**Pursuant to P.A. 114 of 2009**  
**Section 420**  
**Department's Response to Performance Audits**

Sec. 420. By March 1, 2010, the department shall report to the senate and house appropriations subcommittees on corrections, the senate and house judiciary committees, the senate and house fiscal agencies, and the state budget director on performance data and efforts to improve efficiencies relative to departmental staffing, health care services, food service, prisoner transportation, mental health care services, and pharmaceutical costs.

**Health Care – January 2008**

Finding/Recommendations MDOC will comply with:

1. Determine whether the prisoners' view that the Parole Board will not release someone with chronic medication; and, if false, educate the inmate population.

This issue has been investigated and has been determined that this view is false. In fact prisoners are being released with a 30-day supply of medications. Prisoners were educated during prisoner health care forums that being on chronic medications would not hinder them getting a parole. Additionally, the department in cooperation with DHS and DCH has implemented processes to ensure public benefits and entitlements are in place for eligible prisoners prior to discharge. This helps to ensure continuity of care including meds from prison to community. The department has a contract in place to assist the Parole and Commutation Board in placing prisoners with special needs into the community.

2. Research the issue of incinerating pharmaceutical waste with appropriate environmental authorities to see if these regulations apply in Michigan, and change practice if necessary.

The department instituted a lean six sigma review of its medication process with the purpose of drastically reducing the amount of waste of medications and to put in place systems that will streamline the ordering and disposal of medications. This is a joint effort with DOC Health Care, Quality Assurance, and outside consultant, Pharmacorr and Prison Health Services. It is hoped that the end result of this lean six sigma project will help achieve our stated goals.

3. Clarify the guidelines for issuing non-medical items and appoint a single ombudsman to address these requests.

The department has hired a Quality Assurance Administrator who acts as the single point of contact for quality of care concerns. The QAA works in conjunction with DOC Health Care, Regional Medical Officers, Chief Medical Officer and the Disability Coordinator to monitor and ensure the appropriate issuance of non-medical items. A Corrections' Ombudsman has been reinstated.

## **Food Service – June 2008**

Findings/Recommendations MDOC will comply with:

### 1. Food Services Cost Savings Measures

MDOC continues to consider additional ways to reduce food costs while meeting Dietary Guidelines for Americans. An RFI was posted for food service contract management companies, two companies responded. A supply chain strategic initiative has been instituted to arrive in food cost savings.

### 2. Food Production

MDOC has developed new forms, menus and drafted operating instructions. Compliance date 6/09.

### 3. Food Commodity Purchases

Memorandum clarifying spot buy parameters and providing instructions for purchasing all food commodities including produce was sent on January 15, 2009. A statewide tracking system to record spot buy opportunities has been in place since April, 2009. Regional business managers are providing quarterly spot buy reports to BFM.

### 4. Warehouse Controls over Food Inventory

Implemented Operating Procedure OP 01.03.100 *Inventory Control of Supplies and Materials in Revolving Inventory or Stock Center*, effective 8-11-2008.

### 5. Prisoner Food Service Wages

BFM is conducting a bi-monthly review of food service expenditures to verify accurate entries.

## **Selected Personnel and Other Administrative Costs – October 2008**

Findings/Recommendations MDOC will comply with:

### 1. Custody Staffing

A department-wide evaluation of each custody/inmate care and control assignment was performed and all assignments were standardized for facilities of similar physical plant and custody levels. Additional reductions have occurred through the closures of many facilities resulting in the filling of vacancies throughout all of Region I and II, thereby reducing overtime.

### 2. Cost Saving Opportunities

The department continues to work with the Office of State Employer and the Civil Service Commission to achieve savings via bargaining unit contracts. In an effort to control/reduce rampant sick leave usage, the MCO and MDOC are about to begin a pilot project whereby officers could redeem up to 50% of the sick leave they accrue during the pilot period thereby reducing overtime.

### 3. Purchases Good and Services

BFM meets annually with MSI to review pricing comparisons and services. The last meeting was held on October 28, 2009.

## **Prisoner Transportation – December 2008**

Findings/Recommendations MDOC will comply with:

### 1. Transportation Activity and Costs

The DOC has moved vehicle and mileage to the appropriate cost centers. We are conducting a second review to ensure accuracy of all the vehicles that have been moved. This should be completed by May 1, 2010. CFA has taken steps to standardized monthly reporting of prisoner transportation activities.

### 2. Computerized Transportation System

The MDOC is in the final stages of developing a computer program that will track records of transportation runs and the routing of runs. This program is being developed in house. The program will allow us to become more efficient in our practices. The anticipated implementation date is April 1, 2010.

### 3. Centralized Coordination of Transportation Activity

The DOC hired a Transportation Manager to centralize transportation functions statewide on October 5, 2008. This position is coordinate activities with the courts, medical field and DOC transfer process.

### 4. Video Conferencing

To date, 98 courtrooms in 33 counties have been certified for in bound video calls to MDOC facilities.

To date, telemedicine encounters include the following: Infectious Disease, Nephrology, Oncology/Hemocology, Emergency Psychiatric Evaluations, Chronic Care Clinics, and Dietary Consults.

### 5. Implementation of Recommendations

The DOC has implemented various portions of the OAG recommendations. The DOC has put together a Supply Chain Transformation Team to tackle the larger issues involving the movement of prisoners. We currently are working on developing criteria such as movement zones for prisoners. This means prisoners will be categorized by their needs for programming, medical and security level. This will help us to better manage movement within the department and reduce such movement.